

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 0 2 7

2. STATE:

Georgia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2001

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.110 - 441.62

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$ 7,606,741

b. FFY 02 \$ 30,426,965

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A pp. 6b5-6b14*

Attachment 4.19-B p 5.001 - 5.003*

New

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

New

Attachment 4.19-B p 5.001

10. SUBJECT OF AMENDMENT:

THE CHILDREN'S INYRTBRNYION SCHOOL SERVICES (CISS) PROGRAM

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mark Trail

14. TITLE:

Acting Director, DMA m

15. DATE SUBMITTED:

September 26, 2001

16. RETURN TO:

Georgia Department of Community Health

Division of Medical Assistance

2 Peachtree Street, N.W.

Atlanta, GA 30303-3159

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 26, 2001

18. DATE APPROVED:

June 44, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Grasser

22. TITLE: Associate Regional Administrator

Division of Medicaid and State Operations

23. REMARKS:

* Pages renumbered to: Attachment 3.1-A, pp. 6b3 - 6b7; 9b3. Supplement 1 to Attachment 3.1-A, pp. 1-4 (Part kkkk). Attachment 4.19-B, pp. 5.001-5.002; pp. 5s - 5s.001.

13d Rehabilitative Services (continued).

EPSDT-Related Rehabilitative Services – School Based Health Services

The Children's Intervention School Services (CISS) program includes covered rehabilitative services provided by or through Georgia State Department of Education (DOE) or a Local Education Agency (LEA) to children with or suspected of having disabilities, who attend school in Georgia, recommended by a physician or other licensed practitioners of the healing arts to EPSDT eligible special education students (from ages 0-20) to promote the maximum reduction of physical disability or developmental delay and/or restoration of a recipient to his/her best possible functional level. These services are provided pursuant to an Individual Education Program (IEP) or Individual Family Service Plan (IFSP).

The services are defined as follows:

- Evaluation

Evaluations for children determined to have disabilities, requiring physical therapy, speech pathology, occupational therapy, psychological, audiological, medical and nutritional evaluations, performed by appropriately licensed individuals, and meet criteria in 42 CFR 440.110 when applicable, that result in an IEP or IFSP.

- Audiology Services

Audiological testing; fitting and evaluation for hearing aids. Providers' qualifications are in accordance with the requirements of federal regulations 42 CFR 440.110.

- Nursing Services

Skilled intermittent nursing care to administer medications or treatments. The care provided is necessary for the maximum reduction of the beneficiaries' physical and/or mental disability and restoration to the best possible functional level. Skilled intermittent nursing care is provided by licensed nurses (registered or licensed practical nurses under the supervision of a registered nurse, licensed in the state of Georgia).

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13d. Rehabilitative Services

EPSDT-Related Rehabilitative Services – School Based Health Services (continued)

▪ Occupational Therapy Services

Occupational therapy evaluation of gross and fine motor development and clinical services related to activities of daily living and adaptive equipment needs. Providers' qualifications are in accordance with the federal requirements in 42 CFR 440.110.

▪ Physical Therapy Services

Physical therapy evaluation of neuromotor development and clinical services related to improvement of gait, balance and coordination skills. Providers' qualifications are in accordance with the federal requirements in 42 CFR 440.110.

▪ Counseling Services

Evaluation to determine the nature of barriers (social, mental, cognitive, emotional, behavioral problems, etc.) to effective treatment that impacts the child's medical condition, physical disability and/or developmental delay and the child's family. The provision of counseling and intervention services to resolve those barriers relating to effective treatment of the child's medical condition and which threaten the health status of the child. Services are provided by licensed professionals practicing within the scope of their applicable state licensure requirements.

▪ Speech-Language Pathology Services

Speech language evaluation of auditory processing, expressive and receptive language and language therapy. Providers' qualifications are in accordance with the federal requirements in 42 CFR 440.110 and adhere to the scope of practice as defined by the applicable board.

▪ Nutrition Services

Nutritional assessment, management and counseling to children on special diets due to genetic, metabolic or deficiency disorders or other complicated medical problems. Nutritional evaluation and monitoring of their nutritional and dietary status, history and any teaching related to the child's dietary regimen (including the child's feeding behavior, food habits and in meal preparation), biochemical and clinical variables and anthropometrics measurements).

13d. Rehabilitative Services

EPSDT-Related Rehabilitative Services – School Based Health Services (cont'd.)

■ Nutrition Services (continued)

Development of a written plan to address the feeding deficiencies of the child. Providers' qualifications must meet the applicable state licensure requirements, hold a current state license, and adhere to the scope of practice as defined by the applicable licensure board.

Requirements

The medically necessary rehabilitative services must be documented in the Individual Education Program (IEP) or Individualized Family Service Plan (IFSP).

Schools will still need to obtain prior approval for medical necessity if the service limits are exceeded and additional services are necessary by either the schools or community providers. Services that exceed the limitations listed in the policies and procedures manual must be approved prior to service delivery.

Limitations

The covered services are available only to the EPSDT eligible recipients (ages 0-20) only at the school setting with a written service plan (an IEP/IFSP) which contains medically necessary services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his/her practice under State law.

Provider enrollment is open only to individual practitioners who are licensed in Georgia under their respective licensing board as a licensed audiologist, registered nurse, occupational therapist, physical therapist, licensed clinical social worker, licensed counselor, licensed dietician or speech-language pathologist. For annual re-enrollment beginning July 1, 1996, all providers must obtain a minimum of one (1) continuing education credit annually in pediatrics in their area of professional practice. Where applicable, providers will be in compliance with federal requirements defined in 42 CFR 440.110.

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13d. Rehabilitative Services

EPSDT-Related Rehabilitative Services – School Based Health Services (continued)

Limitations (continued)

The following services are not provided through the EPSDT-Related Rehabilitative Services-School Based program:

1. Habilitative services that assist in acquiring, retaining and improving the selfhelp, socialization, and adaptive skills.
2. Services provided to children who do not have a written service plan.
3. Services provided in excess of those indicated in the written service plan.
4. Services provided to a child who has been admitted to a hospital or other institutional setting as an inpatient.
5. Services of an experimental or research nature (investigational) which are not generally recognized by the professions, the Food and Drug Administration, the U.S. Public Health Service, Medicare and the Department's contracted Peer Review Organization, as universally accepted treatment.
6. Services in excess of those deemed medically necessary by the Department, its agents or the federal government, or for services not directly related to the child's diagnosis, symptoms or medical history.
7. Failed appointments or attempts to provide a home visit when the child is not at home.
8. Services normally provided free of charge to all patients.
9. Services provided by individuals other than the enrolled licensed practitioner of the healing arts.

13d. Rehabilitative Services

EPSDT-Related Rehabilitative Services – School Based Health Services (continued)

Limitations (continued)

The following services are also not provided through the EPSDT-Related Rehabilitative Services School Based program:

10. Services provided for temporary disabilities, which would reasonably be expected to improve spontaneously as the patient gradually resumes normal activities.
11. Audiology services that are a part of the Health Check (formerly EPSDT) Services.
12. Billing for more than one travel fee per location when more than one patient is treated.

23. b. SPECIALIZED TRANSPORTATION SERVICES

Transportation to and from a Medicaid eligible EPSDT student's place of residence or school location to receive Medicaid approved school health services listed under the Children's Intervention School Services (CISS) program. This service is limited to transportation of an eligible child to health related services as listed in a student's Individual Education Program (IEP).

The specialized transportation is Medicaid reimbursable if:

1. it is provided to a Medicaid eligible EPSDT child who is a student in a public school in Georgia;
2. it is being provided to and from a Medicaid covered service on a day when the child receives an IEP-related Medicaid covered service;
3. the Medicaid covered service is included in the child's IEP; and
4. the student's need for specialized transportation service is documented in the child's IEP.

Specialized transportation services are defined as transportation that requires a specially equipped vehicle, or the use of specialized equipment to ensure a child is taken to and from the child's residence to school or the community.

Specialized transportation services include coverage of transportation in the following instances:

- (i) Transportation provided by or under contract with the school, to and from the student's place of residence, to the school where the student receives one of the health related services covered by Title XIX;
- (ii) Transportation provided by or under contract with the school, to and from the student's place of residence to the office of a medical provider who has a contract with the school to provide one of the health related services covered by Title XIX; or
- (iii) Transportation provided by or under contract with the school from the student's place of residence to the office of a medical provider who has a contract with the school to provide one of the health related services covered by Title XIX and returns to school.

Specialized transportation services will not be Medicaid reimbursable if the child does not receive a Medicaid covered service on the same day. No payment will be made to, or for parents providing transportation.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GeorgiaSpecial Education Service Coordination Case Management Services
(Known as Targeted Case Management [TCM])A. Target Group:

Children ages 3-20 years old who are Medicaid eligible and whom have disabilities under the Individuals with Disabilities Education Act (IDEA) with coverable conditions as documented in their Individual Education Program (IEP) or IFSP (Individual Family Services Plan). A child is eligible to receive comprehensive Special Education Service Coordination case management services (TCM) under the Georgia Medical Assistance Program when all of the following conditions are met:

- The child has an active IEP with special education service coordination listed as a necessary service; and
- The IEP contains Medicaid coverable medical (health-related) services.

B. Comparability of Services:

- ☐ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- ☒ Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to requirements of Section 1902(a)(10)(B) of the Act.

C. Areas of State in which services will be provided:

- ☒ Entire State (180 schools or local education agencies)
- ☐ Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide): All 180 school districts in GA.

D. Definition of Services:

Special Education Service Coordination case management means ongoing service coordination activities, carried out to assist children receiving special education, as indicated by the child's IEP or IFSP to assist the recipient in gaining access to the appropriate and needed services. It also involves monitoring the recipients to assure needed medical services are received as listed in the IEP. The special education service coordinator is responsible for:

- 1) Coordinating the process of the IEP development,
- 2) Coordinating the implementation of the IEP, and
- 3) Monitoring and follow up on the targeted recipients to assure that required medical services are received and are adequate in meeting each child's needs.

Special education service coordination focuses on medical services detailed in the child's IEP. However, the clearly defined nature of special education service coordination eliminates duplication of service coordination activities and any overlap of responsibilities.

A single Service Coordinator (case manager) should be named in the child's IEP.

Special Education Service Coordination Case Management activities include, but are not limited to:

1. Coordinating the performance of medical evaluations and assessments that the child needs;
2. Facilitating and participating in the development, review, and evaluation of the IEP;
3. Linking and coordinating medical services across private and public agency lines; and
4. Reassessing and follow-up, as required, to ensure medical needs of the student are met.

The department will only pay for case management activities that are over and above the provider's usual assigned duties and responsibilities.

The Service Coordination case management records for special education must be maintained in the child's record. All contacts with or on behalf of a child must be documented in the same manner as other covered services. (This mean that the health-related services, outlined in the child's IEP, are coverable under the school-based Children's Intervention School Services [CISS] program and must be documented according to the CISS program policies and procedures and as defined in the State Plan.)

Services which exceed the limitations must be approved prior to service delivery.

Required Documentation

Service coordination case management services for special education children with an IEP must be documented with each encounter. The following information must be maintained for each encounter: date of service, name of the student, the name of the individual providing the service, the specialty, discipline or title of the individual providing the service, the nature of the billable activity, the method of service delivery (examples: telephone contact, correspondence, face to face, etc.), the group or individual with whom engaged, and the time span of the activity. Documentation materials, including IEPs, should be maintained for at least five years after service delivery.

E. Qualifications of Providers:

Provider Qualifications

The individual must possess the following qualifications:

- An individual who possesses a baccalaureate degree with a major in special education, social services, psychology, or a related field (behavioral health, or social sciences); or
- Registered Nurse.

In addition to meeting at least one of the above criteria, the service coordinator must also possess demonstrated knowledge and understanding of all of the following:

- Medicaid regulations related to the provision of IEP services;
- The nature and scope of services covered under IDEA;
- Provision of direct care services to individuals with special needs; and
- Provision of culturally competent services within the culture of the community being served.

Exclusions

- Medicaid will not reimburse case management services, which duplicate other case management services and are provided to eligible recipients through other Targeted Case Management programs.
- Service coordination case management services (TCM) as defined in the State Plan will not be eligible for FFP at the administrative rate, for the same types of services furnished to the same recipients.
- Recipients cannot receive another direct billable services at the same date and time they are receiving TCM.
- The Service Coordinator (case manager) cannot be the direct therapy provider.

F. The State assures that the provision of case management services will not restrict the children and their family freedom of choice of providers in violations of Section 1902 (a) (23) of the Act.

1. Eligible recipients will have the free choice of the providers of special education service coordination case management services.
2. Eligible recipients will have the free choice of providers for other Medicaid services or medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. Reimbursement methodology is found in Attachment 4.19-B, pages 5d and 5e.

POLICY AND METHODS FOR ESTABLISHING
PAYMENTS RATES FOR OTHER TYPES OF CARE OR SERVICES

M(2) Specialized Transportation for Medicaid eligible Children under age 21, an with Individual Education Programs (IEP)

1. Reimbursement for specialized transportation services will be based on a flat rate.
2. The statewide rate will be established using the average historic cost of providing specialized transportation services in the school districts.
3. The cost of non-school provided transportation will be excluded from the calculation and will not be paid by Medicaid.
4. The Department will consider periodic inflationary adjustments to the rate.

A trip, for Medicaid billing purposes is defined as a trip for a Medicaid eligible student requiring special transportation services, picked up at home or school, delivered to a location where an approved Medicaid service is provided, or delivered back to home or school from the Medicaid service. This definition is consistent with Section 3.1 a/b of the State Plan.

The school districts will maintain daily transportation logs and provide data related to the number of specialized transportation trips per student. These data will include the number of special transportation students transported and the number of days transported.

Medicaid will be billed only for children who have been determined eligible for Medicaid. In this way the total costs of specialized transportation will be allocated between Medicaid and Non-Medicaid. A specialized transportation claim will only be accepted if the school district can document that the child received specialized transportation service on the same day that a Medicaid covered IEP service was provided.

POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES FOR OTHER TYPES
OF CARE OR SERVICES

N. **CASE MANAGEMENT SERVICES**

- (a) Case Management services will be reimbursed on a negotiated rate basis not to exceed actual costs, which meets all requirements of the Office of Management and Budget Circular A-97 dated January 15, 1981.
- (b) Perinatal Case Management Services will be reimbursed on a fee-for-service basis billed monthly on the HCFA 1500 form.

For private providers, payments are limited to the lesser of the submitted charges or the established fees as determined for public providers below.

Fees-for-service will be prospective, based on the actual cost of public providers and will be evaluated annually to reflect actual cost.

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POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES FOR OTHER TYPES
OF CARE OR SERVICES

N (k) Services Coordination for Children with Individualized Education Programs (IEPs)

- Reimbursement for service coordination will be on a fee-for-service basis billable monthly on a HCFA 1500.
- The initial statewide maximum allowable rates will be established using comparable service coordination activities and rates paid in other existing targeted case management programs (i.e. Children at Risk).
- The Division will collect and evaluate cost data after the first year of service and periodically thereafter from participating local education agencies (LEA) to determine the actual cost of providing this service and establish a statewide fee structure.
- If the initial statewide maximum allowable rates exceed the actual cost of providing this service, the cost data will be utilized to set the maximum allowable rates. If the statewide maximum allowable rates are lower than the actual cost, the Division will periodically consider an increase subject to the availability of funds.

Service Categories

Ongoing monthly special education service coordination activities will be billed based on the child's IEP and the need for service coordination case management services as defined below:

1) Initial IEP

The initial IEP requires that the service coordinator integrate all evaluation data into a description of status that highlights the overall pattern of strengths and weaknesses of the student. Goals and objectives must be developed to address specific weaknesses. Supplementary aids and services to address those goals, in the least restrictive environment, must be considered. Input from the IEP Multidisciplinary Team, a schedule of required services, along with goals and objectives for each, must be determined and documented.

- This service can be billed as one (1) per lifetime for each Medicaid eligible child with an IEP.

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POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES FOR OTHER TYPES
OF CARE OR SERVICES

N (k) Services Coordination for Children with Individualized Education Programs (IEPs)
(continued)

2) IEP Review

The compilation of progress reports and updated testing information by the service coordinator supports the required annual review of the IEP goals, objectives and services. The service coordinator must integrate this data so that a service schedule can be developed. This review must be done more often if the parent or a professional serving the student request a consideration of a change in services by the IEP Multi-disciplinary Team.

- This service can be billed as one (1) minimal contact or a maximum of three (3) per year.

3) Triennial IEP

Every three years the service coordinator must undertake a comprehensive analysis of available and relevant assessment information on the student. Necessary evaluations must be scheduled and a new IEP per child developed and adopted by the IEP Multi-disciplinary Team.

- This service can be billed as one (1) review every 3 years.

4) On-going Service Coordination

The ongoing contact (billable intervals) of the service coordinator in coordinating and monitoring follow-up with the child, the family, or the service providers (private and public agencies), to ensure access and compliance, as developed and adopted by the IEP Multi-disciplinary Team.

- This service can be billed at intervals of one (1) unit, which equals 15 minutes.